



The City of

OSCEOLA

Home of Four Governors

350 N State Street | P.O. Box 701 | Osceola, NE 68651
Phone: (402) 747-3411 | Fax: (402) 747-8191

Check Line (ACH) Authorization Form

Please allow approximately 30 days for processing. Please print using blue or black ink.

Type of Enrollment: New Update Existing Bank Information

Name on Utility Account: _____

Utility Account Number: _____ Phone Number: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Name on Bank Account: _____

Bank Name: _____

Routing Number: _____

Bank Account Number: _____

Type of Account: ___ Checking ___ Savings

****Attach a voided check, savings withdrawal slip, or bank account information from your bank on the Bank's Letterhead. ****

Note: A deposit slip cannot be accepted if the routing number imprinted on the deposit slip differs from what is imprinted on your check as the deposit slip routing number is not valid for these EFT transactions.

I, _____, hereby authorize the City of Osceola to initiate monthly electronic debit entries from the financial account identified above for payment of the utility account listed above. In the event any debit is returned due to non-sufficient funds, I agree to remit payment in cash, and an NSF fee shall be assessed to my account in accordance with city policy. This authorization shall remain in effect until revoked by **written notice received by the City Clerk/Treasurer on or before the 20th of the month.**

Signature: _____ Date: _____

By signing above, I certify that I am the authorized account holder for the financial account listed above and have authority to approve electronic debit transactions.

For Office Use Only:

Bank Added in PM _____ Bank Account Added to Utility Account _____ by _____ date _____